

CLAIMS ONLY

Application Number

.. Filling Date

Applicant(s)

CLAIMS	AS FILED 12/18/10		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10	1					
11						
12						
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14						
15						
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18	1					
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47						
48						
49						
50						
Total Indep	3					
Total Depend	21					
Total Claims	24					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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Total Indep						
Total Depend						
Total Claims						